PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/018608

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			Column	1 1)	(COIC	J(1)(1 2)	,			OR 7			
						2 3 4		RATE	FEE	┨	RATE	FEE /	
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEI	Ξ	OR	BASIC FEE	090	
TOTAL CHARGEABLE CLAIMS			ninus 20= *					X\$ 9=		OR	X\$18=	18	
INDEPENDENT CLAIMS			minus 3 = *					X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT						. 🗆		+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in colu						cólumn 2	L	TOTAL		OR	TOPL	108	
	С	LAIMS AS A	MENDED - PART II					•		•	OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CLAMA	=		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF MU	JUIPLE DE	PENDENT	CLAIM			+140=		OR	+280=		
							L.	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
•		(Column 1)		(Colun	nn 2)	(Column 3)				-			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		2		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			+140=		OR	+280=		
							L	TOTAL			TOTAL		
							Αľ	DDIT. FEE			ADDIT. FEE		
		(Column 1) CLAIMS	साक्ष है ।	(Colum		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT	4	NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
						. •	L	+140=		OR	+280=		
** [f the "Highest Nur	nn 1 is less than th nber Previously Pa	id For" IN THIS	S SPACE is	less than	n 20, enter "20."	AΠ	TOTAL DIT. FEE		or ,	TOTAL ADDIT. FEE		
***	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THIS	S SPACE is	less than	n 3, enter "3."			ropriate box				